Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 1 of 54

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF PENNSYLVANIA | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Marilyn First name C. Middle name Paparo Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7466 | |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 2 of 54

Debtor 1 Marilyn C. Paparo Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|--|---|---|---|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 154 First Avenue | If Debtor 2 lives at a different address: |
| | | Newtown Square, PA 19073 Number, Street, City, State & ZIP Code Delaware | Number, Street, City, State & ZIP Code |
| County | | | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 3 of 54

Debtor 1 Marilyn C. Paparo Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

No. Go to line 12.

this bankruptcy petition.

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 4 of 54

Case number (if known) Debtor 1 Marilyn C. Paparo Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Chapter 11 of the Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 5 of 54

Debtor 1 Marilyn C. Paparo

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| iviality ii C. Paparo | | | | | | | |
|---|---|--|--|--|--|--|--|
| Answer These Questi | ions for Re | porting Purposes | | | | | |
| What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. ☐ Yes. Go to line 17 | | | | | |
| | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain | | | | | |
| | | □ No. Go to line 16c. | | | | | |
| | | ☐ Yes. Go to line 17. | | | | | |
| | 16c. | State the type of debts you | u owe that are not consumer debts or | business debts | | | |
| Are you filing under Chapter 7? | □ No. | I am not filing under Chapt | ter 7. Go to line 18. | | | | |
| Do you estimate that after any exempt property is excluded and | ■ Yes. | | | | | | |
| administrative expenses | | □ No | | | | | |
| are paid that funds will be available for distribution to unsecured creditors? | | ■ Yes | | | | | |
| How many Creditors do you estimate that you owe? | | - | □ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | | |
| How much do you estimate your assets to be worth? | ■ \$50,00 □ \$100,0 | 01 - \$100,000 001 - \$500,000 | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | on | | | |
| How much do you estimate your liabilities to be? | □ \$50,0 ■ \$100,0 | 01 - \$100,000 001 - \$500,000 | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 mill | on | | | |
| 7: Sign Below | | | | | | | |
| ou | If I have of United St If no attor documen I request I understa bankrupto and 3571 /s/ Marilyn Signature | hosen to file under Chapte ates Code. I understand the ney represents me and I dit, I have obtained and read relief in accordance with the and making a false statemetry case can result in fines unity. Paparo C. Paparo C. Paparo Of Debtor 1 | or 7, I am aware that I may proceed, if or e relief available under each chapter, and not pay or agree to pay someone whether notice required by 11 U.S.C. § 34 are chapter of title 11, United States Country, concealing property, or obtaining notice in the concealing property. | eligible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7. The is not an attorney to help me fill out this 2(b). Ide, specified in this petition. In oney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? How many Creditors do you estimate that you owe? How much do you estimate your assets to be worth? How much do you estimate your liabilities to be? Sign Below | Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? How many Creditors do you estimate that you owe? How much do you estimate that you obe worth? How much do you estimate your assets to be worth? Sign Below Ou I have exampt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? How many Creditors do you estimate your assets to be worth? I have used if 1 have continued in the property is property is excluded and asset in the property is excluded and and asset in the property is excluded and asset in the property is excluded and asset in the property is excluded and asset in the property is excl | Are your debts primarily individual primarily for a propose would have? 16a. Are your debts primarily individual primarily for a propose worth? 16b. Are your debts primarily money for a business or in word to debts primarily money for a business or in word to debts your noney for a business or in word of the primarily money for a business or in word of the primarily for a primarily f | Are you filing under Chapter 7. Bo to line 18. Are you filing under Chapter 7. Do you estimate that after any exemptor property is exculted and administrative expenses are paid that funds will be available for distribution to unsecured creditors? How many Creditors do you estimate that you wer? Wes Many Creditors do you estimate that you wer? Wes Many Creditors do you estimate that you wer? Wes Many Creditors do you estimate that you wer? Wes Many Creditors do you estimate that you wer? Wes Many Creditors do you estimate that you wer? Wes Many Creditors do you estimate that you wer? Wes Many Creditors do you estimate that you wer? Wes Many Creditors do you estimate that you wer? Wes Many Creditors do you estimate that you wer? Wes Many Creditors do you estimate that you wer? Wes Many Creditors do you estimate that you wer? Wes Many Creditors do you estimate that you wer? Wes Many Creditors do you estimate your labilities to be? Wes Many Creditors do you estimate your labilities to be? Wes Many Creditors do you estimate that you were you y | | | |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 7 of 54

Debtor 1 Marilyn C. Paparo Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Stanley E. Luongo, Jr. | Date | June 28, 2019 |
|---|---------------|--------------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Stanley E. Luongo, Jr. 51828 Printed name | | |
| LUONGO BELLWOAR LLP Firm name | | |
| 126 West Miner Street West Chester, PA 19382 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 610-430-6600 | Email address | Stan.luongo@luongobellwoar.com |
| 51828 PA | | |
| Bar number & State | | |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 8 of 54

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|----------------|-----------------------|
| Debtor 1 | Marilyn C. Paparo |) | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F PENNSYLVANIA | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|------------|--|-------------|----------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 50,144.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 19,069.42 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 69,213.42 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | i abilities at you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 76,005.01 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 58,499.48 |
| | Your total liabilities | \$ | 134,504.49 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,218.67 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,567.27 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| S . | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your dahts are primarily consumer dahts. Consumer dahts are those "incurred by an individual primarily for | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 9 of 54

Debtor 1 Marilyn C. Paparo Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

\$_____1,263.87

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | ıim |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main

| | | | | Document | Page 10 of 54 | | - | |
|------------------|--|-----------------|---------------------|---------------------------------|--|---------------|-----------------------------|--|
| - 111 | in this information | to identify y | our case and th | is filing: | | | | |
| Deb | | rilyn C. Par | | | | | | |
| Deb | First otor 2 | Name | Middle | Name | Last Name | | | |
| | | Name | Middle | Name | Last Name | | | |
| Unit | ed States Bankrupto | cy Court for th | e: EASTERN | DISTRICT OF P | ENNSYLVANIA | | | |
| Cas | e number | | | | | | | ☐ Check if this is an |
| — | | | | | | | | amended filing |
| ~ ~ | | | | | | | | |
| _ | ficial Form 1 | | | | | | | |
| <u>30</u> | hedule A | <u>/B: Pro</u> | perty | | | | | 12/15 |
| | No. Go to Part 2. Yes. Where is the pro | | table interest in a | ny residence, buil | lding, land, or similar property? | | | |
| 1.1 | 7000 Calumbia | Deed | | What is the pro | operty? Check all that apply | | | |
| | 7260 Columbia Street address, if availab | | ption | Duplex o | amily home or multi-unit building inium or cooperative | the amount of | f any secure | ims or exemptions. Put d claims on Schedule D: as Secured by Property. |
| | | | | ■ Manufac | etured or mobile home | Current valu | e of the | Current value of the |
| | Saint Matthews | | 29135-0000 | Land | | entire prope | rty? | portion you own? |
| | City | State | ZIP Code | ☐ Investme ☐ Timesha | ent property ire | | ,144.00 | \$50,144.00 |
| | | | | Other Who has an int Debtor 1 | terest in the property? Check one only | | simple, tena , if known. | our ownership interest ancy by the entireties, or |
| | | | | Debtor 2 Debtor 1 | conly and Debtor 2 only | Ole and a fe | | |
| | County | | | _ | | (see instru | | munity property |
| | County | | | At least of Other information | one of the debtors and another ion you wish to add about this ite fication number: | (see instru | uctions) | munity property |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| De | btor 1 N | larilyn C. P | aparo | | Case number (i | f known) | |
|----------|---------------------------|---|--|--|--|----------------------|--|
| 3. (| Cars, vans, | trucks, tract | tors, sport utility ve | hicles, motorcycles | | | |
| _ | 7 | • | | • | | | |
| _ | □ No ■ | | | | | | |
| • | Yes | | | | | | |
| _ | 4 14 1 | Kia | | What have the second of the se | Do not de | educt secured cl | aims or exemptions. Put |
| 3. | | 01 | | Who has an interest in the property? Check one | the amou | int of any secure | ed claims on Schedule D: ms Secured by Property. |
| | Model: Year: | 2015 | | ■ Debtor 1 only □ Debtor 2 only | | | |
| | | nate mileage: | 41,250 | Debtor 1 and Debtor 2 only | Current of the continuation of the continuatio | value of the operty? | Current value of the portion you own? |
| | Other in | formation: | | At least one of the debtors and another | - | | |
| | | | | ☐ Check if this is community property (see instructions) | | \$8,064.00 | \$8,064.00 |
| 5 Par | pages you rt 3: Descri | have attache be Your Perso or have any le | ed for Part 2. Write nal and Household It egal or equitable in | on for all of your entries from Part 2, includin that number hereems ems terest in any of the following items? | | => | \$8,064.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | , | urnishings ces, furniture, linens | , china, kitchenware | | | |
| | | | Miscellaneous programme furnishings. | pieces of furniture, appliances, and hou | usehold | | \$500.00 |
| | ■ No | Televisions a including cell | | eo, stereo, and digital equipment; computers, pr nedia players, games | rinters, scanners; | music collection | ons; electronic devices |
| | ☐ Yes. De | scribe | | | | | |
| | ■ No | Antiques and other collection | figurines; paintings, ons, memorabilia, co | prints, or other artwork; books, pictures, or othe llectibles | er art objects; stan | np, coin, or ba | seball card collections; |
| | ☐ Yes. De | scribe | | | | | |
| | | for sports and Sports, photo musical instru | graphic, exercise, ar | nd other hobby equipment; bicycles, pool tables | , golf clubs, skis; | canoes and ka | yaks; carpentry tools; |
| | ■ No □ Yes. De | scribe | | | | | |
| | Firearms | | | | | | |
| | | : Pistols, rifles | s, shotguns, ammuni | tion, and related equipment | | | |
| | ■ No □ Yes. De | scribe | | | | | |
| | D | | | | | | |

Official Form 106A/B Schedule A/B: Property page 2

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 12 of 54

Marilyn C. Paparo

Case number (if known)

| DE | wariiyn C. i | Paparo | Case number (if kno | wn) |
|-----|---|---|--|---|
| | Clothes Examples: Everyday o No Yes. Describe | clothes, furs, leather coats, o | designer wear, shoes, accessories | |
| | | Miscellaneous articl | es of clothing. | \$1,000.00 |
| | Jewelry Examples: Everyday jo □ No ■ Yes. Describe | | gagement rings, wedding rings, heirloom jewelry, watches, gen | ns, gold, silver \$300.00 |
| | | wiscenaneous piece | is or jewerry and costume jewerry. | |
| | Non-farm animals Examples: Dogs, cats No ☐ Yes. Describe | s, birds, horses | | |
| 14. | Any other personal a | nd household items you d | lid not already list, including any health aids you did not lis | t |
| | ■ No□ Yes. Give specific in | nformation | | |
| | | | | |
| 15 | | - | n Part 3, including any entries for pages you have attached | \$1,800.00 |
| | rt 4: Describe Your Fina | | | |
| Do | o you own or have any | legal or equitable interest | t in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | u have in your wallet, in your | home, in a safe deposit box, and on hand when you file your p | etition |
| 17. | | | ccounts; certificates of deposit; shares in credit unions, brokeraints with the same institution, list each. | ge houses, and other similar |
| | □ No ■ Yes | | Institution name: | |
| | | 17.1. Checking | South Carolina Federal Credit Union | \$2,836.00 |
| | | | | |
| | | 17.2. Savings | South Carolina Federal Credit Union | \$5.00 |
| 18. | | s, or publicly traded stocks s, investment accounts with | brokerage firms, money market accounts | |
| | Yes | Institution or issu | er name: | |
| | joint venture | stock and interests in inco | orporated and unincorporated businesses, including an inte | erest in an LLC, partnership, and |
| | ■ No□ Yes. Give specific ir | nformation about them | | |
| | • | Name of entity: | % of ownership: | |

Official Form 106A/B Schedule A/B: Property

page 3

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 13 of 54

| De | btor 1 | Marilyn C | . Paparo | Dodan | 110116 | r age 10 | Ca | se number (it | f known) | | |
|-----|--------------------|-----------------------------|---|-----------------------|----------------|-----------------|--------------|-----------------|----------------|---|------|
| 20. | Negot | tiable instrume | orporate bonds and ents include personal ruments are those yo | checks, cashiers' c | checks, pron | nissory notes | , and mone | | | | |
| | ■ No □ Yes. | Give specific | information about th Issuer nam | | | | | | | | |
| | | | ion accounts in IRA, ERISA, Keo | gh, 401(k), 403(b), t | thrift savings | s accounts, o | r other pen: | sion or profit- | sharing plans | 3 | |
| | _ | List each acc | ount separately. Type of accou | ınt: | Institution na | ame: | | | | | |
| | Your s | share of all uni | nd prepayments used deposits you ha ents with landlords, p | | | | | | companies, | or others | |
| | | | | | Institution na | ame or indivi | dual: | | | | |
| | Annuit ■ No | ties (A contrad | ct for a periodic payn | nent of money to yo | u, either for | life or for a n | umber of ye | ears) | | | |
| | | | Issuer name and d | escription. | | | | | | | |
| | 26 U.S. | | ation IRA, in an acc 1), 529A(b), and 529 | • | d ABLE pro | gram, or und | der a quali | fied state tui | tion prograr | n. | |
| | ■ No □ Yes. | | Institution name an | d description. Sepa | rately file th | e records of a | any interest | s.11 U.S.C. § | 521(c): | | |
| | Trusts ■ No | s, equitable or | future interests in | property (other th | an anythin | g listed in lir | ne 1), and r | ights or pow | ers exercisa | able for your benefi | it |
| | ☐ Yes. | Give specific | information about th | nem | | | | | | | |
| | _Exam | | s, trademarks, trade domain names, webs | | | | agreements | i | | | |
| | ■ No □ Yes. | Give specific | information about the | nem | | | | | | | |
| | | | es, and other gener permits, exclusive lid | | association | n holdings, liq | uor license | s, professiona | al licenses | | |
| | | Give specific | information about th | iem | | | | | | | |
| Mc | oney or | property owe | ed to you? | | | | | | | Current value of the portion you own? Do not deduct secular claims or exemption | ıred |
| | Tax re ■ No | funds owed t | o you | | | | | | | | |
| | | Give specific | information about th | em, including wheth | ner you alrea | ady filed the r | eturns and | the tax years | i | | |
| | Exam | / support ples: Past due | or lump sum alimor | y, spousal support, | child suppo | ort, maintenar | nce, divorce | settlement, p | property settl | ement | |
| | ■ No □ Yes. | Give specific | information | | | | | | | | |
| | | ples: Unpaid w | neone owes you vages, disability insu unpaid loans you m | | | efits, sick pay | , vacation p | oay, workers' | compensation | on, Social Security | |
| | _ | Give specific | information | | | | | | | | |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 14 of 54

| De | ebtor 1 | Marilyn C. Paparo | Case number (if known) | |
|-----|----------------|---|---|----------------------------|
| | | ets in insurance policies poles: Health, disability, or life insurance; health savings account (HSA); | credit, homeowner's, or renter's insurar | nce |
| | | Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | | Principal (term life insurance policy) | Christine Strong, Anthony Paparo, and Joseph Paparo | \$0.00 |
| | | John Hancock (whole life insurance policy) | | \$6,364.42 |
| | If you a someo | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance one has died. Give specific information | ce policy, or are currently entitled to rec | eive property because |
| | Examp ■ No | against third parties, whether or not you have filed a lawsuit or moles: Accidents, employment disputes, insurance claims, or rights to sure Describe each claim | | |
| | ■ No | contingent and unliquidated claims of every nature, including could be continued by the country of the country | nterclaims of the debtor and rights to | set off claims |
| | ■ No | Give specific information | | |
| 36 | | the dollar value of all of your entries from Part 4, including any entrart 4. Write that number here | | \$9,205.42 |
| Pa | rt 5: De | scribe Any Business-Related Property You Own or Have an Interest In. List | any real estate in Part 1. | |
| ١ | No. Go | own or have any legal or equitable interest in any business-related property | y? | |
| | rt 6: De | So to line 38. Scribe Any Farm- and Commercial Fishing-Related Property You Own or Ha ou own or have an interest in farmland, list it in Part 1. | ave an Interest In. | |
| 46. | ■ No. | own or have any legal or equitable interest in any farm- or comm Go to Part 7. Go to line 47. | ercial fishing-related property? | |
| Pa | rt 7: | Describe All Property You Own or Have an Interest in That You Did Not L | ist Above | |
| | Examp ■ No | I have other property of any kind you did not already list? bles: Season tickets, country club membership | | |
| | ☐ Yes. | Give specific information | | |
| 54 | Add t | he dollar value of all of your entries from Part 7. Write that numbe | r here | \$0.00 |

\$0.00

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 15 of 54

| Debtor | 1 Marilyn C. Paparo | | Case number (if known) | |
|----------------|---|-------------|------------------------------|-------------|
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. P a | art 1: Total real estate, line 2 | | | \$50,144.00 |
| 56. P a | art 2: Total vehicles, line 5 | \$8,064.00 | | |
| 57. P a | art 3: Total personal and household items, line 15 | \$1,800.00 | | |
| 58. P a | art 4: Total financial assets, line 36 | \$9,205.42 | | |
| 59. P a | art 5: Total business-related property, line 45 | \$0.00 | | |
| 60. P a | art 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. P a | art 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. T o | otal personal property. Add lines 56 through 61 | \$19,069.42 | Copy personal property total | \$19,069.42 |
| 63. T o | otal of all property on Schedule A/B. Add line 55 + line 62 | | | \$69,213.42 |

Official Form 106A/B Schedule A/B: Property

page 6

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Page 16 of 54 Document

| Fill in this information to identify your case: | | | | | | | | |
|---|-------------------|--------------------|--------------|--|------------------------------------|--|--|--|
| Debtor 1 | Marilyn C. Paparo |) | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT C | PENNSYLVANIA | | | | | |
| Case number | | | | | | | | |
| (if known) | | | | | Check if this is an amended filing | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Proper | y You Claim as Exempt |
|-----------------------------|-----------------------|
|-----------------------------|-----------------------|

| | Savings: South Carolina Federal | \$5.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) | | | | | |
|----|--|---|-----------------------------------|---|------------------------------------|--|--|--|--|--|
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Checking: South Carolina Federal Credit Union | \$2,836.00 | | \$2,836.00 | 11 U.S.C. § 522(d)(5) | | | | | |
| | Line from <i>Schedule A/B</i> : 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Miscellaneous pieces of jewelry and costume jewelry. | \$300.00 | | \$300.00 | 11 U.S.C. § 522(d)(4) | | | | | |
| | Line Holli Genedale 742. | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Miscellaneous articles of clothing. Line from Schedule A/B: 11.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | furnishings. Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Miscellaneous pieces of furniture, appliances, and household | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | | Copy the value from Check only one box for each exemption. Schedule A/B | | ck only one box for each exemption. | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | | |
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | | | | |
| | ☐ You are claiming state and federal nonbar | nkruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | | | | | | |
| ١. | which set of exemptions are you claiming | ? Check one only, eve | n II yo | ur spouse is tiling with you. | | | | | | |

Credit Union

Line from Schedule A/B: 17.2

\$5.00

\$5.00

100% of fair market value, up to any applicable statutory limit

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 17 of 54 Marilyn C. Paparo Case number (if known)

| Debto | Marilyn C. Paparo | | | Case number (if known) | |
|--|--|--------------------------------------|--|---|------------------------------------|
| | rief description of the property and line on chedule A/B that lists this property | Current value of the portion you own | ······································ | | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | rincipal (term life insurance policy) eneficiary: Christine Strong, | \$0.00 | | 100% | 11 U.S.C. § 522(d)(7) |
| Α | nthony Paparo, and Joseph Paparo ne from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| John Hancock (whole life insurance policy) | | \$6,364.42 | | \$6,364.42 | 11 U.S.C. § 522(d)(8) |
| • | ne from Schedule A/B: 31.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | re you claiming a homestead exemption of Subject to adjustment on 4/01/22 and every 3 No Yes. Did you acquire the property covere No Yes | years after that for ca | ases fi | · | , |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main

| | Case | 19-14131-11100 | | ige 18 d | eu 00/20/19 1 nf 5/1 | .3.03.33 Des | c main |
|----------|--|----------------------------|---|--------------|--|--|--------------------------|
| Fill ir | this informa | ation to identify you | | ige 10 c |) | | |
| | | | | | | | |
| Debto | or 1 | Marilyn C. Papar | | t Name | | | |
| Debto | or 2 | i iist ivaille | Middle Name Las | t Name | | | |
| | e if, filing) | First Name | Middle Name Las | t Name | | | |
| Unite | d States Ban | kruptcy Court for the: | EASTERN DISTRICT OF PENNSY | LVANIA | | | |
| Case | number | | | | | | |
| (if knov | vn) | | | | | ☐ Chec | k if this is an |
| | | | | | | amen | ided filing |
| Offi∂ | cial Form | 106D | | | | | |
| | | | \ | | | | |
| Scr | <u>nedule l</u> | D: Creditors | Who Have Claims Sec | cured | by Propert | <u>y </u> | 12/15 |
| is need | ded, copy the A | | f two married people are filing together, bout, number the entries, and attach it to this | | | | |
| | er (if known). | nave claims secured by | vour proporty? | | | | |
| _ | | | | deles Ver | the second state of the second second | a managed and the factors | |
| _ | _ | | is form to the court with your other sche | eaules. You | nave nothing else t | o report on this form. | |
| | Yes. Fill in a | all of the information b | pelow. | | | | |
| Part | 1: List All | Secured Claims | | | | | |
| 2. Lis | t all secured c | laims. If a creditor has m | nore than one secured claim, list the creditor s | separately | Column A | Column B | Column C |
| | | | a particular claim, list the other creditors in Paral order according to the creditor's name. | art 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Bank of An | nerica | Describe the property that secures the cl | aim: | \$69,409.56 | \$50,144.00 | \$22,012.56 |
| | Creditor's Name | | 7260 Columbia Road Saint Matthews, SC 29135 | | | | |
| | P.O. Box 3 | | As of the date you file, the claim is: Check apply. | all that | | | |
| - | Tampa, FL | | Contingent | | | | |
| | Number, Street, 0 | City, State & Zip Code | ☐ Unliquidated | | | | |
| Who | owes the deb | ot? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ De | ebtor 1 only | | ☐ An agreement you made (such as mortg | age or secur | red | | |
| □ De | ebtor 2 only | | car loan) | | | | |
| □ De | Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) | | | | | | |
| ☐ At | least one of the | e debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Cł | neck if this cla | im relates to a | Other (including a right to offset) | rtgage | | | |

community debt

Date debt was incurred 1999

Last 4 digits of account number

2407

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 19 of 54

| Deb | tor 1 Marilyn C. Paparo | | Case | number (if known) | | |
|------|--|---|--------------------|-------------------|------------|--------|
| | First Name Middle N | lame Last Name | | - | | |
| 2.2 | South Carolina Federal Credit Union | Describe the property that secures the | e claim: | \$6,595.45 | \$8,064.00 | \$0.00 |
| - | Creditor's Name | 2015 Kia Soul 41,250 miles | | | | |
| | P.O. Box 190012 North Charleston, SC 29419 | As of the date you file, the claim is: Chapply. Contingent | eck all that | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who | o owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | Debtor 1 only Debtor 2 only | ☐ An agreement you made (such as mo car loan) | ortgage or secured | | | |
| | Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mech | anic's lien) | | | |
| | at least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| | Check if this claim relates to a community debt | Other (including a right to offset) | utomobile loa | an | | |
| Date | debt was incurred 5/5/15 | Last 4 digits of account numbe | 7221 | | | |
| | | | | | | |
| Ad | d the dollar value of your entries in C | Column A on this page. Write that numbe | r here: | \$76,005.0 | 1 | |
| | his is the last page of your form, add ite that number here: | the dollar value totals from all pages. | | \$76,005.0 | 1 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 20 of 54

| | | Document | Page 20 of 54 | | |
|---|---|--|---|---|---|
| Fill in this in | formation to identify your | case: | | | |
| Debtor 1 | Marilyn C. Paparo |) | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | EASTERN DISTRICT OF PEN | NNSYLVANIA | | |
| Case number | r | | | _ | theck if this is an mended filing |
| | orm 106E/F e E/F: Creditors W | /ho Have Unsecured | l Claims | | 12/15 |
| any executory of Schedule G: Ex Schedule D: Cr left. Attach the name and case | contracts or unexpired leases secutory Contracts and Unexp editors Who Have Claims Sec Continuation Page to this pag number (if known). | that could result in a claim. Also ired Leases (Official Form 106G). I ured by Property. If more space is ge. If you have no information to re | list executory contracts on Sch Do not include any creditors wis needed, copy the Part you need | edule A/B: Property (Offici th partially secured claims d, fill it out, number the en | al Form 106A/B) and on that are listed in tries in the boxes on the |
| | st All of Your PRIORITY Un editors have priority unsecure | | | | |
| No. Go | | u ciainis against you! | | | |
| | to Part 2. | | | | |
| ☐ Yes. | | | | | |
| Part 2: Lis | st All of Your NONPRIORIT | Y Unsecured Claims | | | |
| 3. Do any cre | editors have nonpriority unsec | cured claims against you? | | | |
| ∏ No. You | u have nothing to report in this n | art. Submit this form to the court with | n vour other schedules | | |
| Yes. | a navo nouring to roport in time p | art. Cashin the form to the court with | Type of the conceaned. | | |
| unsecured | claim, list the creditor separately | aims in the alphabetical order of the y for each claim. For each claim listen ist the other creditors in Part 3.If you | d, identify what type of claim it is. | Do not list claims already inc | cluded in Part 1. If more |
| | | | | | Total claim |
| 4.1 Banl | k of America | Last 4 digits of acc | count number 1213 | | \$5,680.24 |
| Nonpr | riority Creditor's Name Box 961206 | When was the deb | | | |
| | Worth, TX 76161-0206 | A de la lace | Charles and the Company of the Company | 1 | |
| | er Street City State Zip Code incurred the debt? Check one. | As of the date you | ifile, the claim is: Check all that a | арріу | |
| ■ De | ebtor 1 only | ☐ Contingent | | | |
| □ De | ebtor 2 only | ☐ Unliquidated | | | |
| □ De | ebtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At | least one of the debtors and and | other Type of NONPRIO | RITY unsecured claim: | | |
| □ cr | neck if this claim is for a comi | | | | |
| debt Is the | claim subject to offset? | ☐ Obligations arisi report as priority cla | ing out of a separation agreement aims | or divorce that you did not | |
| ■ No |) | ☐ Debts to pension | n or profit-sharing plans, and othe | r similar debts | |
| ☐ Ye | es · | Other. Specify | Credit card purchases | | |
| | | | | | * |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 21 of 54

| Debioi | Marilyn C. Paparo | Case number (if known) | |
|---------------|--|---|-------------|
| 4.2 | Bradford Exchange Nonpriority Creditor's Name | Last 4 digits of account number 7081 | \$48.98 |
| | c/o University Fidelity LP P.O. Box 219129 Houston, TX 77218 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | | |
| | Yes | ■ Other. Specify Online purchases | |
| $\overline{}$ | | | |
| 4.3 | Chase Card Nonpriority Creditor's Name | Last 4 digits of account number 5547 | \$2,839.55 |
| | P.O. Box 15298 Wilmington, DE 19850 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card purchases | |
| 4.4 | Discover | Last 4 digits of account number | \$14,865.00 |
| | Nonpriority Creditor's Name | | Ψ,σσσ.σσ |
| | P.O. Box 6105 | When was the debt incurred? | |
| | Carol Stream, IL 60197 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card purchases | |
| | | · · · | |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 22 of 54

Case number (if known)

| Marilyn C. Paparo | Case number (if known) | |
|--|---|------------|
| Dish Network | Last 4 digits of account number 8589 | \$174.41 |
| Nonpriority Creditor's Name Dept. 0063 | When was the debt incurred? | |
| Palatine, IL 60055 Number Street City State Zip Code | As of the data was file the alaim is O | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | П | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| debt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <u>_</u> | Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No □ Yes | | |
| ⊒ Yes | ■ Other. Specify Satelite tv services | |
| Elan Financial Services | Last 4 digits of account number 0682 | \$4,997.42 |
| Nonpriority Creditor's Name P.O. Box 108 | When was the debt incurred? | |
| Saint Louis, MO 63166 | ************************************** | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| lebt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Credit card purchases | |
| JC Penney | Last 4 digits of account number 6337 | \$1,725.00 |
| Nonpriority Creditor's Name P.O. Box 965007 | When was the debt incurred? | <u> </u> |
| Orlando, FL 32896 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the damin is. Offect all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐Yes | ■ Other. Specify Credit card purchases | |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 23 of 54

| Debl | Marilyn C. Paparo | Case number (if known) | |
|------|---|---|------------|
| 4.8 | Kohl's | Last 4 digits of account number 6257 | \$1,444.00 |
| | Nonpriority Creditor's Name P.O. Box 2983 | When was the debt incurred? | |
| | Milwaukee, WI 53201 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card purchases | |
| 4.9 | Lowe's / Synchrony Bank | Last 4 digits of account number 3819 | \$2,725.26 |
| | Nonpriority Creditor's Name P.O. Box 530914 Atlanta, GA 30353-0914 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit card purchases | |
| 4.1 | North Shore Agency | Last 4 digits of account number 2716 | \$49.94 |
| | Nonpriority Creditor's Name | | |
| | P.O. Box 9221 Old Bethpage, NY 11804 | When was the debt incurred? 7/2018 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Book purchases from Bottom Line Book | |

| Deb | tor 1 Marilyn C. Paparo | Case number (if known) | |
|----------|--|---|-----------------|
| 4.1 | One Main Financial | Last 4 digits of account number 2439 | \$6,128.73 |
| 1 | Nonpriority Creditor's Name | | ψο, |
| | 1489 Broughton Street | When was the debt incurred? | |
| | Orangeburg, SC 29115 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Personal loan | |
| 4.1 | Bublish are Obsaring Harres | 9995 | * 040.07 |
| 2 | Publishers Clearing House | Last 4 digits of account number 8035 | \$616.07 |
| | Nonpriority Creditor's Name P.O. Box 6344 | When was the debt incurred? | |
| | Harlan, IA 51593 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | Other County | |
| | Li Tes | Other. Specify | |
| 4.1 3 | Sears | Last 4 digits of account number 7580 | \$2,281.04 |
| | Nonpriority Creditor's Name | | |
| | P.O. Box 6286 | When was the debt incurred? | |
| | Sioux Falls, SD 57117 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Check all that apply | |
| | ■ Debtor 1 only | Пол | |
| | • | ☐ Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other, Specify Credit card purchases | |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 25 of 54

| Debto | or 1 Marilyn C. Paparo | Case number (if known) | |
|-------|--|---|-------------|
| l.1 | Shell | Last 4 digits of account number 0012 | \$918.80 |
| | Nonpriority Creditor's Name P.O. Box 6753 | When was the debt incurred? | |
| | Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify Credit card purchases | |
| 1 | South Carolina Federal Credit Union Nonpriority Creditor's Name | Last 4 digits of account number 7210 | \$3,910.06 |
| | P.O. Box 190012 North Charleston, SC 29419 Number Street City State Zip Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify PAL Ioan | |
| | Synchrony Bank Nonpriority Creditor's Name | Last 4 digits of account number | \$1,318.79 |
| | P.O. Box 960061 Orlando, FL 32896 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other Specify Credit card purchases | |

| 1 Marilyn C. Paparo | Case number (if known) | |
|--|---|------------|
| Synchrony Bank/Belk | Last 4 digits of account number 0401 | \$1,904.00 |
| Nonpriority Creditor's Name | | ψ1,00 H00 |
| P.O. Box 960061 | When was the debt incurred? | |
| Orlando, FL 32896 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| _ | _ | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit card purchases | |
| Target/TD Bank USA | Last 4 digits of account number 3587 | \$271.33 |
| Nonpriority Creditor's Name | | Ψ27 1.00 |
| P.O. Box 660170 | When was the debt incurred? | |
| Dallas, TX 75266 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | _ | |
| Debtor 1 only | Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Credit card purchases | |
| Walmart / Synchrony Bank | Last 4 digits of account number 8862 | \$5,229.40 |
| Nonpriority Creditor's Name | | |
| P.O. Box 530927 | When was the debt incurred? | |
| Atlanta, GA 30353-0927 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | 7.6 of the date you me, the stantile. Onesk an that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| <u> </u> | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt | _ **** | |
| Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | ■ Other. Specify Credit card purchases | |
| — 163 | Tiner. Specify Ordan band parollages | |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 27 of 54

Case number (if known) Debtor 1 Marilyn C. Paparo 4.2 Wells Fargo 3179 \$1,371.46 Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 10475 When was the debt incurred? Des Moines, IA 50306 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Alltran Financial, LP Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 722929 Part 2: Creditors with Nonpriority Unsecured Claims Houston, TX 77272-2929 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address ARS National Services, Inc. Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 469046 Part 2: Creditors with Nonpriority Unsecured Claims Escondido, CA 92046-3023 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Convergent Outsourcing Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 800 SW 39th Street Part 2: Creditors with Nonpriority Unsecured Claims Renton, WA 98057 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Financial Recovery Services, Inc. Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 385908 Part 2: Creditors with Nonpriority Unsecured Claims Minneapolis, MN 55438 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address First Source Advantage, LLC Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 205 Bryant Woods South Part 2: Creditors with Nonpriority Unsecured Claims Amherst, NY 14228 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address First Source Advantage, LLC Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 205 Bryant Woods South ■ Part 2: Creditors with Nonpriority Unsecured Claims Amherst, NY 14228 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Midland Credit Management Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2365 Northside Drive, Suite 300 Part 2: Creditors with Nonpriority Unsecured Claims San Diego, CA 92108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Midland Credit Management, Inc. Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Official Form 106 E/F

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 28 of 54

| Debtor 1 Marilyn C. Paparo | | Case number (if known) | | | | |
|---|---|--|--|--|--|--|
| P.O. Box 301030 Los Angeles, CA 90030-1030 | Last 4 digits of account number | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Name and Address | On which entry in Part 1 or Part 2 or | did you list the original creditor? | | | | |
| National Enterprise Systems | Line 4.9 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | |
| 2479 Edison Boulevard, Unit A Twinsburg, OH 44087-2340 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| 1 William 19 9 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 or | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
| Radius Global Solutions, LLC | Line 4.20 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | |
| P.O. Box 390905 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Minneapolis, MN 55439 | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 or | did you list the original creditor? | | | | |
| Weltman, Weinberg & Reis, Co., | Line 4.4 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | |
| LPA 325 Chestnut Street, Suite 501 Philadelphia, PA 19106 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| | Last 4 digits of account number | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Т | otal Claim |
|--------------|-----|---|-----|----|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | otal Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 58,499.48 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 58,499.48 |
| | | | | | |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 29 of 54

| Fill in this information to identify your case: | | | | |
|---|--------------------------|--|--|--|
| Debtor 1 Marilyn C. Paparo | | | | |
| First Name Middle N | Name Last Name | | | |
| Debtor 2 | | | | |
| (Spouse if, filing) First Name Middle N | lame Last Name | | | |
| United States Bankruptcy Court for the: EASTERN I | DISTRICT OF PENNSYLVANIA | | | |
| Case number | | | | |
| (if known) | _ | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | | | | State what the contract or lease is for |
|-----|---|--------|-------|----------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | ramo | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | - |
| | | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | _ |
| | • | | | | |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 30 of 54

| | | Docume | nt Page 30 d | of 54 | |
|-------------------------|--|---|--------------------------|--|--|
| Fill in this | information to identify your o | ase: | | | |
| | | | | | |
| Debtor 1 | Marilyn C. Paparo First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filin | g) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | EASTERN DISTRICT C | F PENNSYLVANIA | | |
| O | | | | | |
| Case numb (if known) | Der | | | | ☐ Check if this is an |
| , | | | | | amended filing |
| | | | | | 3 |
| Official | Form 106H | | | | |
| | | - htoro | | | |
| <u>scnea</u> | ule H: Your Code | eptors | | | 12/15 |
| ■ No □ Yes 2. With | you have any codebtors? (If y nin the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3. | lived in a community pr | operty state or territor | r y? (Community propert | |
| | | | | | |
| ⊔ Yes | . Did your spouse, former spou | se, or legal equivalent live | e with you at the time? | | |
| in line Form out Co | 2 again as a codebtor only if | that person is a guaran Form 106E/F), or Sched | tor or cosigner. Make | sure you have listed the 166). Use Schedule D, | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lin | ۵ |
| | Name | | | □ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | |
| _ | | | | — Ochedale O, IIII | |
| | Number Street City | State | ZIP Code | | |
| · | Oity | Otate | Zii Code | | |
| | | | | _ | |
| 3.2 | Nomo | | | Schedule D, lin | · · · · · · · · · · · · · · · · · · · |
| | Name | | | ☐ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | e |
| | Number Street | _ | | _ | |
| (| City | State | ZIP Code | | |

| Fill | in this information to identify your c | ase: | | | | | | | | |
|-------|---|----------------------------|-----------------------|-------------|-------|------------|----------------|--------------|----------------------------------|----------|
| De | btor 1 Marilyn C. P | aparo | | | _ | | | | | |
| 1 - | btor 2 puse, if filing) | | | | _ | | | | | |
| Un | ited States Bankruptcy Court for the | EASTERN DISTRICT | OF PENNSYLVANIA | 4 | _ | | | | | |
| | se number | | - | | | Chec | k if this is | | | |
| (If k | nown) | | | | | | n amende | | | |
| | | | | | | | | | g postpetition ollowing date: | |
| 0 | fficial Form 106l | | | | | M | M / DD/ Y | /YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/15 |
| spo | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment | ır spouse is not filing wi | ith you, do not inclu | ide infori | matic | on about | your spe | ouse. If mo | ore space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or non-fi | ling spouse | |
| | If you have more than one job, attach a separate page with | Employment status | ☐ Employed | | | | ☐ Empl | • | | |
| | information about additional | | ■ Not employed | | | | ☐ Not employed | | | |
| | employers. | Occupation | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed t | here? | | | | _ | | | |
| Pa | rt 2: Give Details About Mor | nthly Income | | | | | | | | |
| | imate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to r | eport for | any I | ine, write | \$0 in the | space. Inc | clude your nor | n-filing |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the informatio | n for all e | emplo | oyers for | that perso | on on the li | nes below. If y | you need |
| | | | | | | For Deb | otor 1 | | btor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | | 0.00 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combine monthly 13. Do you expect an increase or decrease within the year after you file this form? No. | Debt | or 1 | Marilyn C. Paparo | _ | Case | number (<i>if known</i>) | | | |
|---|------|--------------------|--|------------|--------|----------------------------|-----------|----------|----------|
| Copy line 4 here | | | | | For | Debtor 1 | | | |
| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. S. 0.00 \$ N/A 5d. Required repayments of retirement fund loans 5d. S. 0.00 \$ N/A 5d. Domestic support obligations 5d. Voluntary contributions for settlement fund loans 5d. Voluntary contributions for settlement fund loans 5d. Voluntary contributions for settlement fund loans 5d. Voluntary contributions 6d. Voluntary contributions 6d. Voluntary contributions 6d. S. 0.00 \$ N/A 8d. Voluntary spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Voluntary spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Voluntary spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Voluntary spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Voluntary spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Voluntary spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Voluntary spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Voluntary spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Voluntary spousal support, child support, maintenance, divorce settlement, and prope | | Cop | by line 4 here | 4. | \$ | 0.00 | | | |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. So. 0.00 \$ N/A 5c. In visuance 5c. Voluntary Contributions for Society 5c. Voluntary Contribution Assistance Program) or housing subsidies 5c. Voluntary Contribution Assistance Program) or housing subsidies 5c. Voluntary Contributions for Society 5c. Voluntary Contributions for | F | Lint | | | | | | | |
| Sb. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Required repayments of retirement tund loans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. S 0.000 \$ N/A 5d. Insurance 5d. \$ 0.000 \$ N/A 5d. Union dues 5d. \$ 0.000 \$ N/A 6d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 6d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 6d. List all other income regularly received: 8a. Net income from rental property and from operating a business, purpose the property and form operating a business, purpose the property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regular definition of property settlement. 8d. Unemployment compensation 8d. \$ 0.000 \$ N/A 8d. Unemployment assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance hat you receive such as 600 stansping (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. \$ 0.000 \$ N/A 9g. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9g. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Specify: Deceased husband's pension 8h. Other monthly income. Specify: Deceased husband's pension 8h. Other monthly income. Specify: Deceased husband's pension 11. \$\$ 3,218.67 \$ \$ N/A 12. \$ 1.1. \$\$ \$ 1.2. \$ \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1.2. \$ 1 | Э. | | | - - | Φ. | 0.00 | c | N1/A | |
| 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. S. 0.000 \$ N/A 5e. Insurance 5e. \$ 0.000 \$ N/A 5f. Domestic support obligations 5g. Union dues 5g. Volund use | | | | | · · — | | | | |
| 5 d. Required repayments of retirement fund loans 5 e. Insurance 5 p. Domestic support obligations 5 f. Se. S. 0.000 \$ N/A 5 g. Union dues 5 h. Other deductions. Specify: 5 h. + \$ 0.000 \$ N/A 5 h. Other deductions. Add lines 5a+5b+5c+5d+5e+5d+5g+5h. 6 l. \$ 0.00 \$ N/A 6 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5d+5g+5h. 6 l. \$ 0.00 \$ N/A 7 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7 l. \$ 0.00 \$ N/A 8 List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. S 0.000 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as tood stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 11. \$ N/A 12. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or reliatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. + \$ N/A 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly i | | | · | | · - | | · - | | |
| 5e. Insurance 5f. Domestic support obligations 5f. Domestic support obligations 5g. Union dues 5g. S. 0.000 \$ N/A 5h. Other deductions. Specify: 5g. S. 0.000 \$ N/A 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.000 \$ N/A 8. List all other income regularly received: 8a. Net lincome from mettal property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.000 \$ N/A 8d. Unemployment compensation 8e. \$ 0.000 \$ N/A 8d. Other government assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. \$ 0.000 \$ N/A 8h. Other government compensation 8h. \$ 0.000 \$ N/A 8h. Other monthly income. Specify: Deceased husband's pension 8h. \$ 5651.09 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 | | | | | | | Ψ | | |
| 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: 5h. \$ 0.00 \$ N/A 5h. \$ 0.00 | | | | | · - | | Ψ | | |
| 5g. Union dues 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly income. Specify: 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensystement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (tenefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Deceased husband's pension 8h. S 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8c+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8c+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8c+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combine monthly 13. Do you expect an increase or decrease within the year after you file this form? | | | | | · — | | \$ | | |
| 5h. Other deductions. Specify: 5h. \$ 0.00 + \$ NA Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5e+5e+5e+5e+5e+5e+5e+5e+5e+5e+5e+5e+ | | | • • • | | · — | | <u>\$</u> | | |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+ | | | | | · . | | * | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm | 6. | Add | | — 6. | \$ | - | | N/A | |
| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: Deceased husband's pension 8h. \$ 651.09 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Inclu | | | | | \$ | | · — | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. S 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: Deceased husband's pension 8h. \$ 651.09 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. 10. Calculate monthly income. Add line 7 + line 9. 11. **State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies **Combine monthly** 13. Do you expect an increase or decrease within the year after you file this form? | | | | • • | * — | 0.00 | – | 14/14 | |
| receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 \$ N/A 8b. Interest and dividends 8b. \$ 0.00 \$ N/A 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Social Security 8e. \$ 1,954.80 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 612.78 \$ N/A 8h. Other monthly income. Specify: Deceased husband's pension 8h. \$ 551.09 \$ N/A 9. Add all other income. Add line 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 3,218.67 \$ N/A 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. ** 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0. | | Net income from rental property and from operating a business, profession, or farm | | | | | | |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 1,954.80 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Deceased husband's pension 8h. + \$ 651.09 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? 14. No. | | | | | | | | | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Deceased husband's pension 8h. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: Deceased husband's pension 8h. \$ \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? 15. Combine monthly | | | monthly net income. | | \$ | 0.00 | \$ | N/A | |
| regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Deceased husband's pension 8h. + \$ 651.09 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. So you expect an increase or decrease within the year after you file this form? 13. Do you expect an increase or decrease within the year after you file this form? | | 8b. | | | \$ | 0.00 | \$ | N/A | |
| settlement, and property settlement. 8d. Unemployment compensation 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: Deceased husband's pension 8h. \$ 651.78 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ Combine monthly 13. Do you expect an increase or decrease within the year after you file this form? | | 8c. | regularly receive | t | | | | | |
| 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: Deceased husband's pension 8h. + \$ 651.09 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | | | 8c. | \$ | 0.00 | \$ | N/A | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Deceased husband's pension 8h. \$ 0.00 \$ N/A 8h. \$ 612.78 \$ N/A 9h. Other monthly income. Specify: Deceased husband's pension 8h. \$ 651.09 + \$ N/A 9h. \$ N/A 9 | | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Deceased husband's pension 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: Peceased husband's pension 8h. \$ 651.09 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | 8e. | Social Security | 8e. | \$ | 1,954.80 | \$ | N/A | |
| 8h. Other monthly income. Specify: Deceased husband's pension 8h. + \$ 651.09 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 3,218.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combine monthly 13. Do you expect an increase or decrease within the year after you file this form? | | 8f. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | \$ | 0.00 | \$ | N/A | |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ Combine monthly No. | | 8g. | | 8g. | \$ | | · - | N/A | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combine monthly 13. Do you expect an increase or decrease within the year after you file this form? No. | | 8h. | Other monthly income. Specify: Deceased husband's pension | 8h.+ | · \$ | 651.09 | + \$ | N/A | |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combine monthly No. | 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 3,218.67 | \$ | N/A | |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combine monthly No. | 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | | 3.218.67 + \$ | | N/A = \$ | 3,218.67 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | | | • | Ľ | | | | | -, |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combine monthly 13. Do you expect an increase or decrease within the year after you file this form? No. | 11. | Incl othe Do | ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not | r depen | | • | | | 0.00 |
| 13. Do you expect an increase or decrease within the year after you file this form? ■ No. monthly | 12. | Writ | e that amount on the Summary of Schedules and Statistical Summary of Certa | | | | | 12. \$ | 3,218.67 |
| 13. Do you expect an increase or decrease within the year after you file this form? No. | | | | | | | | | |
| Yes. Explain: | 13. | | No. | 1? | | | | montnly | income |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this informa | tion to identify yo | our case: | | | Ī | | |
|---|---------------------------|--|------------------------|---|--|---------------------------|---|--|
| Deb | | Marilyn C. P | | | | Che | eck if this is: | |
| | | Marilyli C. F | араго | | | | An amended filing | |
| | tor 2 buse, if filing) | | | | | | | wing postpetition chapter f the following date: |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNS | | | | N/1 | | | | |
| Unit | ed States Bankr | uptcy Court for the | : EASTE | RN DISTRICT OF PENNS | SYLVANIA | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| | | rm 106J | | | | | | |
| | | J: Your | | | | | | 12/15 |
| info | ormation. If m | and accurate as ore space is ne n). Answer eve | eded, atta | If two married people and the chance of the | e filing together, b form. On the top o | oth are eq f any addit | ually responsible f ional pages, write | or supplying correct your name and case |
| Par | | ibe Your House | hold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | ■ No. Go to | line 2. s Debtor 2 live i | in a aanar | ota hawaahald2 | | | | |
| | ⊔ Yes. Doe | | ın a separ | ate nousenoid? | | | | |
| | | | st file Offici | al Form 106J-2, Expenses | s for Separate House | ehold of De | btor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| ۷. | Do not list Do | • | _ | Fill out this information for | Dependent's relat | tionship to | Dependent's | Does dependent |
| | Debtor 2. | ebioi i and | ☐ Yes. | each dependent | Debtor 1 or Debto | | age | live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | | | _ | Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | Yes |
| | | | | | | | | □ No □ Yes |
| 3. | Do your exp | enses include | _ | No | | | | _ Li res |
| | | f people other t d your depende | han $_{m \Box}$ | Yes | | | | |
| exp | imate your ex | | our bankrı | uptcy filing date unless y | | | | apter 13 case to report of the form and fill in the |
| the | value of such | n assistance an | non-cash d have inc | government assistance i | f you know Your Income | | V | |
| (Off | ficial Form 10 |)6I.) | | | | | Your exp | Denses |
| 4. | | or home owners and any rent for th | | ses for your residence. I r lot. | nclude first mortgag | je 4. | \$ | 0.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | 4b. Prope | rty, homeowner's | | | | 4b. | \$ | 89.43 |
| | | | | ipkeep expenses | | 4c. | · | 75.00 |
| 5. | | owner's associat nortgage paym | | dominium dues o ur residence, such as ho | me equity loans | 4d. 5. | | 0.00 0.00 |
| | | 2-3- P-7/III | , . | | | ٠. | • | 0.00 |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 34 of 54

| Debtor 1 | Marilyn C. Paparo | Case num | ber (if known) | |
|---------------|---|----------|----------------|--------------------------|
| i. Uti | lities: | | | |
| 6a. | | 6a. | \$ | 112.00 |
| 6b. | | 6b. | | 0.00 |
| 6c. | | 6c. | \$ | 0.00 |
| 6d. | | 6d. | | 41.45 |
| | od and housekeeping supplies | — 7. | · | 0.00 |
| | ildcare and children's education costs | 8. | \$ | 0.00 |
| _ | othing, laundry, and dry cleaning | 9. | \$ | 0.00 |
| | rsonal care products and services | 10. | \$ | 0.00 |
| | dical and dental expenses | 11. | \$ | 0.00 |
| | Insportation. Include gas, maintenance, bus or train fare. | 11. | Ψ | 0.00 |
| | not include car payments. | 12. | \$ | 0.00 |
| | tertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | aritable contributions and religious donations | 14. | · · | 0.00 |
| | urance. | | · — | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15 | a. Life insurance | 15a. | \$ | 37.66 |
| 151 | p. Health insurance | 15b. | \$ | 226.52 |
| 150 | c. Vehicle insurance | 15c. | \$ | 0.00 |
| 150 | d. Other insurance. Specify: Long term care Insurance Policy | 15d. | \$ | 85.21 |
| | kes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| | ecify: | 16. | \$ | 0.00 |
| '. Ins | tallment or lease payments: | | . | |
| 17 | a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17 | o. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 170 | c. Other. Specify: | 17c. | \$ | 0.00 |
| 170 | d. Other. Specify: | 17d. | \$ | 0.00 |
| . Yo | ur payments of alimony, maintenance, and support that you did not report as | | | 0.00 |
| | ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | · | 0.00 |
| | ner payments you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | 19. | | |
| | ner real property expenses not included in lines 4 or 5 of this form or on Scheo | | | 0.00 |
| | a. Mortgages on other property | 20a. | | 0.00 |
| | p. Real estate taxes | 20b. | · - | 0.00 |
| | c. Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | d. Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | e. Homeowner's association or condominium dues | 20e. | · | 0.00 |
| . Otl | ner: Specify: Assisted living facility monthly fees beginning 11/19 | 21. | +\$ | 4,900.00 |
| <u>≀</u> . Ca | Iculate your monthly expenses | | | |
| | a. Add lines 4 through 21. | | \$ | 5,567.27 |
| | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 5,567.27 |
| 22(| | | | 3,301.21 |
| | culate your monthly net income. | | | |
| | a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | · | 3,218.67 |
| 231 | o. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 5,567.27 |
| | | | | |
| 230 | c. Subtract your monthly expenses from your monthly income. | 00 - | • | -2,348.60 |
| | The result is your monthly net income. | 23c. | \$ | -2,340.00 |
| For | you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your rdiffication to the terms of your mortgage? | | | or decrease because of a |
| | No. Vec Explain here: | | | |
| 1.1 | Ves Explain here: | | | |

| Fill in this infor | mation to identify your | case: | | | | | |
|-------------------------------------|---|--------------------------|-----------------------------|---------------------------|--|--|--|
| Debtor 1 | Marilyn C. Paparo | Marilyn C. Paparo | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F PENNSYLVANIA | | | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing | | |
| Official For | m 106Dec | | | | | | |
| Declarat | tion About a | n Individual | Debtor's Scl | hedules | 12/15 | | |
| obtaining mone years, or both. 1 | | connection with a bank | | | ent, concealing property, or or imprisonment for up to 20 | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out ba | ankruptcy forms? | | | |
| ■ No | | | | | | | |
| ☐ Yes. | Yes. Name of person Attach Bankruptcy Petition Prepared Declaration, and Signature (Official | | | | | | |
| | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules filed | l with this declaration a | and | | |
| X /s/ Mai | rilyn C. Paparo | | X | | | | |
| Marily | n C. Paparo ure of Debtor 1 | | Signature of D | Debtor 2 | | | |

Date ____

Date June 28, 2019

| | | nation to identify you | | | | | | | | |
|---|---|---|---|---|--|---|--|--|--|--|
| De | btor 1 | Marilyn C. Papa First Name | Middle Name | Last Name | | | | | | |
| | btor 2 buse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| . | | | | | | | | | | |
| Uni | ited States Bar | nkruptcy Court for the: | EASTERN DISTRICT OF | PENNSYLVANIA | | | | | | |
| Case number (if known) | | | | | | ☐ Check if this is an amended filing | | | | |
| | ficial Fo | | Affairs for Indivi | duals Filing for B | ankruptcy | 4/1: | | | | |
| info nun | ormation. If m | ore space is needed n). Answer every que | | this form. On the top of any | | | | | | |
| Pai | rt 1: Give D | etails About Your Ma | arital Status and Where You | Lived Before | | | | | | |
| 1. | What is your | current marital state | us? | | | | | | | |
| | ☐ Married | | | | | | | | | |
| | Not married | | | | | | | | | |
| 2. | During the la | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | □ No | □ No | | | | | | | | |
| | Yes. Lis | ■ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | |
| | Debtor 1 Pr | Debtor 1 Prior Address: | | Dates Debtor 1 Debtor 2 Prior Address: lived there | | Dates Debtor 2 lived there | | | | |
| | | mbia Road hews, SC 29135 | From-To: 1999-2018 | ☐ Same as Debtor | | ☐ Same as Debtor 1 From-To: | | | | |
| | es and territori No Yes. Ma | es include Arizona, Ca | ver live with a spouse or leg alifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (O | vada, New Mexico, Puerto R | | | | | | |
| Pa | it 2 Explai | n the Sources of You | ır Income | | | | | | | |
| 4. | Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. | | | | | | | | | |
| | □ No ■ Yes. Fill | in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |
| For last calendar year: (January 1 to December 31, 2018) | | | ■ Wages, commissions, bonuses, tips | \$3,716.00 | ☐ Wages, commissions, bonuses, tips | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

| Debior Marilyn C. Paparo | | | Case | e number (# known) | | |
|---|--|---|--|---|--------------------------|---|
| | | | | | | |
| | Debtor 1 | | | Debtor 2 | | |
| | | s of income Il that apply. | Gross income (before deductions and exclusions) | Sources of inco Check all that ap | | Gross income (before deductions and exclusions) |
| For the calendar year before th (January 1 to December 31, 20 | | es, commissions, , tips | \$7,923.00 | ☐ Wages, common bonuses, tips | nissions, | |
| | ☐ Opera | ating a business | | ☐ Operating a b | usiness | |
| Include income regardless or and other public benefit payr winnings. If you are filing a jo | whether that inc nents; pensions; int case and you | ome is taxable. Ex rental income; inte have income that | o previous calendar years? amples of other income are a rest; dividends; money collect you received together, list it o ately. Do not include income the | ted from lawsuits; ronly once under Deb | oyalties; and otor 1. | |
| | Debtor 1 | | | Debtor 2 | | |
| | | of income | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | ome | Gross income (before deductions and exclusions) |
| From January 1 of current year the date you filed for bankrupt | 00. 20. | nefits and n Benefits | \$19,312.02 | | | |
| For last calendar year: (January 1 to December 31, 20 | | nefits and n Benefits | \$41,310.00 | | | |
| For the calendar year before th (January 1 to December 31, 20 | | nefits and n Benefits | \$40,632.00 | | | |
| Part 3: List Certain Payment | s You Made Bet | ore You Filed for | Bankruptcy | | | |
| 6. Are either Debtor 1's or De | btor 2's debts p nor Debtor 2 ha | rimarily consume | r debts? umer debts. Consumer debts | s are defined in 11 l | J.S.C. § 101 | (8) as "incurred by an |
| | , | d for bankruptcy, d | id you pay any creditor a total | l of \$6,825* or more | e? | |
| _ |) line 7. | or to whom you no | id a total of CC COE* or more in | | nonto and th | a total amount var |
| paid not ii | that creditor. Do nclude payments | not include payment to an attorney for t | id a total of \$6,825* or more in nts for domestic support oblig this bankruptcy case. It's after that for cases filed on | ations, such as chil | d support a | nd alimony. Also, do |
| | | ve primarily consu | umer debts. id you pay any creditor a total | of \$600 or more? | | |
| ■ No. Go to | line 7. | | | | | |
| inclu | | domestic support o | id a total of \$600 or more and bligations, such as child supp | | | |
| Creditor's Name and Add | ess | Dates of payme | ent Total amount paid | Amount you still owe | Was this p | ayment for |

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 38 of 54

| Deb | otor 1 Ma | rilyn C. Paparo | | Cas | e number (if known) | | |
|-----|------------------------------|--|--|---|--|----------------------------------|--|
| | | | | | | | |
| 7. | Insiders income of which you | ear before you filed for bankrupt clude your relatives; any general pa ou are an officer, director, person in s you operate as a sole proprietor. | artners; relatives of any gen n control, or owner of 20% of | neral partners; partne or more of their voting | erships of which you g securities; and an | ı are a general y managing ag | partner; corporation jent, including one fo |
| | ■ No □ Yes. I | List all payments to an insider. | | | | | |
| | Insider's | Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment |
| 8. | insider? | ear before you filed for bankrupt | | yments or transfer a | iny property on ac | count of a de | bt that benefited an |
| | ■ No □ Yes. I | List all payments to an insider | | | | | |
| | Insider's | Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment for's name |
| Par | t 4: Iden | ntify Legal Actions, Repossessio | ns, and Foreclosures | | | | |
| 9. | List all suc modification | ear before you filed for bankrupt h matters, including personal injury ons, and contract disputes. Fill in the details. | | | | | |
| | Case title | | Nature of the case | Court or agency | | Status of the | case |
| 10. | Within 1 y Check all t | ear before you filed for bankrupt hat apply and fill in the details belo to line 11. Fill in the information below. | | erty repossessed, f | oreclosed, garnisl | hed, attached, | seized, or levied? |
| | Creditor | Name and Address | Describe the Property | | Date | | Value of the property |
| | | | Explain what happene | d | | | ргоролу |
| 11. | accounts No | days before you filed for bankru or refuse to make a payment bed | | cluding a bank or fir | nancial institution, | set off any ar | mounts from your |
| | Creditor | Name and Address | Describe the action the | e creditor took | Date a taken | action was | Amount |
| 12. | | ear before you filed for bankrupt ointed receiver, a custodian, or a | | erty in the possessi | ion of an assignee | for the benef | it of creditors, a |
| Par | | Certain Gifts and Contributions | | | | | |
| | | ears before you filed for bankrup | otev did vou give any gift | e with a total value | of more than \$600 |) ner nerson? | |
| 13. | ■ No | ears before you filed for bankrup | otoy, ulu you give any gin | .s willi a loldi Value | oi more man \$600 | , per person? | |
| | | n a total value of more than \$600 | Describe the gifts | | Dates the gi | you gave fts | Value |

Address:

Person to Whom You Gave the Gift and

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 39 of 54

Case number (if known)

| 14. | Within 2 years before you filed for bankro | uptcy, d | id you give any gifts or contribution | ns with a total | I value of more than | \$600 to any charity? |
|-----|---|--------------------|---|-----------------|--|-------------------------|
| | No | | | | | |
| | Yes. Fill in the details for each gift or c | ontributi | on. | | | |
| | Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | | Describe what you contributed | | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | otcy or | since you filed for bankruptcy, did y | you lose anytl | hing because of thef | t, fire, other disaster |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Describe the property you lost and | Descri | oe any insurance coverage for the l | nss | Date of your | Value of property |
| | how the loss occurred | Include | the amount that insurance has paid. Loc claims on line 33 of Schedule A/B: | _ist pending | loss | lost |
| Por | List Cartain Payments or Transfers | | | | | |
| rai | t 7: List Certain Payments or Transfers | • | | | | |
| | Within 1 year before you filed for bankru consulted about seeking bankruptcy or plnclude any attorneys, bankruptcy petition p | reparin | g a bankruptcy petition? | | | rty to anyone you |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ou | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| | LUONGO BELLWOAR LLP 126 West Miner Street West Chester, PA 19382 Stan.luongo@luongobellwoar.com | | Attorney fees in the amount of \$2,500.00 plus additional costs amount of \$395.00. | | 3/8/19, 4/10/19, 4/17/19 | \$2,895.00 |
| | Within 1 year before you filed for bankrupromised to help you deal with your creed Do not include any payment or transfer that No Yes, Fill in the details. | litors or | to make payments to your creditor | | r transfer any prope | rty to anyone who |
| | - rec. r iii iii ale detaile. | | Description and value of any man | | Data marimant | A |
| | Person Who Was Paid Address | | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| | Within 2 years before you filed for bankry transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have already to the course of | r busine made a | ess or financial affairs? as security (such as the granting of a s | | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | any property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | P 3 111 OA | | |

Debtor 1 Marilyn C. Paparo

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 40 of 54

Debtor 1 Marilyn C. Paparo Case number (if known)

| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote- | | ny property to a | self-settle | ed trust or similar device | of which you are a |
|-----|--|---|------------------|--------------|--|---|
| | No Yes. Fill in the details. | | | | | |
| | Name of trust | Description and | value of the pro | perty trans | sferred | Date Transfer was made |
| Do | w 9. List of Contain Financial Associate Inst | rumanta Safa Danasi | t Bayes and C | tarana Unit | 1 0 | |
| Pa | rt 8: List of Certain Financial Accounts, Insti | ruments, Sare Deposi | t Boxes, and S | torage Unit | is | |
| 20. | sold, moved, or transferred? | • | | | • | |
| | Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | | | | it, Sildles III Daliks, Cleul | . umons, brokerage |
| | Yes. Fill in the details. | | | | | |
| | | Last 4 digits of account number | Type of acco | ount or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed for | r bankruptcy, a | ny safe de | posit box or other depos | itory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | • | r home within 1 | l vear befor | re vou filed for bankrupto | cv? |
| | _ | , | | , | , | ,, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility | Who else has or | had accoss | Describe | the contents | Do you still |
| | Address (Number, Street, City, State and ZIP Code) | to it? Address (Number, State and ZIP Code) | | Describe | ine contents | have it? |
| Pa | rt 9: Identify Property You Hold or Control fo | or Someone Else | | | | |
| 23. | | | ude any prope | rty you bor | rowed from, are storing f | or, or hold in trust |
| | ■ No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| Pa | rt 10: Give Details About Environmental Infor | mation | | | | |
| For | the purpose of Part 10, the following definition | ns apply: | | | | |
| | Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these s | air, land, soil, surfac | e water, groun | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including dispos | as defined under any | | law, wheth | er you now own, operate | , or utilize it or used |
| | Hazardous material means anything an environment hazardous material, pollutant, contaminant, o | | as a hazardous | s waste, ha | zardous substance, toxid | c substance, |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 41 of 54

Debtor 1 Marilyn C. Paparo

Case number (if known)

| 24. | 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No | | | | | | | | |
|-----|--|--|--|------------|--|--------------------|--|--|--|
| | _ | s. Fill in the details. | | | | | | | |
| | Name of Address | of site S (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | |
| 25. | Have yo | u notified any governmental unit of | any release of hazardous material? | | | | | | |
| | ■ No □ Yes | s. Fill in the details. | | | | | | | |
| | Name of Address | of site S (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | |
| 26. | Have yo | u been a party in any judicial or adm | ninistrative proceeding under any envi | ron | mental law? Include settlements a | nd orders. | | | |
| | ■ No □ Yes | s. Fill in the details. | | | | | | | |
| | Case T Case N | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | | |
| Par | t 11: G | ive Details About Your Business or 0 | Connections to Any Business | | | | | | |
| 27. | Within 4 | years before you filed for bankrupt | cy, did you own a business or have an | y of | f the following connections to any | business? | | | |
| | | A sole proprietor or self-employed in | n a trade, profession, or other activity, | eith | ner full-time or part-time | | | | |
| | | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | | ☐ A partner in a partnership | | | | | | | |
| | | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | ■ No | None of the above applies. Go to P | Part 12. | | | | | | |
| | ☐ Yes | s. Check all that apply above and fill | in the details below for each business | S . | | | | | |
| | Busine | ss Name | Describe the nature of the business | | Employer Identification number Do not include Social Security r | umber er ITIN | | | |
| | | Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Dates business existed | idilibei oi iiin. | | | |
| 28. | | lyears before you filed for bankruptons, creditors, or other parties. | cy, did you give a financial statement t | to ai | nyone about your business? Inclu | de all financial | | | |
| | ■ No □ Yes | s. Fill in the details below. | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | | | | | | | | |
| | | | | | | | | | |

| Marilyn C. Paparo | | Case number (if known) |
|---|---|--|
| Date of the second | | |
| Part 12: Sign Below | | |
| | aking a false statement, concealing p | nents, and I declare under penalty of perjury that the answers roperty, or obtaining money or property by fraud in connection up to 20 years, or both. |
| /s/ Marilyn C. Paparo | | |
| Marilyn C. Paparo Signature of Debtor 1 | Signature of Debtor | 2 |
| Date June 28, 2019 | Date | |
| Did you attach additional pages to <i>Your</i> ■ No | Statement of Financial Affairs for Indi | viduals Filing for Bankruptcy (Official Form 107)? |
| □Yes | | |
| Did you pay or agree to pay someone wh | no is not an attorney to help you fill oເ | t bankruptcy forms? |
| Ma. | | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 43 of 54

| Fill in this info | Fill in this information to identify your case: | | | | |
|---------------------|---|--------------------|-----------------|--------------------------------------|--|
| Debtor 1 | Marilyn C. Paparo | 0 | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT C | OF PENNSYLVANIA | | |
| Case number | | | | ☐ Check if this is an amended filing | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| information below. | | |
|---|--|--|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C |
| | | |
| Creditor's Bank of America | Surrender the property. | ■ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of Tool O. L. al. D. al. D. al. | ☐ Retain the property and enter into a | ☐ Yes |
| Description of 7260 Columbia Road Saint | Reaffirmation Agreement. | |
| property Matthews, SC 29135 securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's South Carolina Federal Credit | ■ Surrender the property. | ■ No |
| name: Union | Retain the property and redeem it. | _ |
| Description of 2015 Kia Soul 41,250 miles | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |
| | | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

| Debto | r 1 | Marilyn C. Paparo | Case number (| (if known) | |
|-----------------|---------------|---|--|------------|------------------------------|
| Lesso | | ame: n of leased | | [| □ No |
| Prope | | 1.01.104004 | | [| ☐ Yes |
| Lesso | | ame: n of leased | | [| □ No |
| Prope | | i oi ieaseu | | | ☐ Yes |
| Lesso | | ame: n of leased | | | □ No |
| Prope | | . 5. 104000 | | | ☐ Yes |
| Lesso | | ame: n of leased | | | □ No |
| Prope | | 101100000 | | [| ☐ Yes |
| Lesso | | ame: n of leased | | | □ No |
| Prope | | 101100000 | | [| ☐ Yes |
| Lesso | | ame: n of leased | | | □ No |
| Prope | | TOT TEASEU | | | ☐ Yes |
| Lesso | | ame: of leased | | [| □ No |
| Prope | | Torreased | | | ☐ Yes |
| Part 3 | 5 | Sign Below | | | |
| Under proper | pena ty th | alty of perjury, I declare that I have indicated my i at is subject to an unexpired lease. | ntention about any property of my estate | that secu | ires a debt and any personal |
| | | arilyn C. Paparo | x | | |
| | | yn C. Paparo ture of Debtor 1 | Signature of Debtor 2 | | |
| D | ate | June 28, 2019 | Date | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-14151-mdc Doc 1 Filed 06/28/19 Entered 06/28/19 15:05:55 Desc Main Document Page 49 of 54

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of Pennsylvania

| In re | Marilyn C. Paparo | • | Case No. | | | | |
|-----------|---|--|--------------------------|-----------------------|-----------------|--|--|
| | | Debtor(s) | Chapter | 7 | | | |
| | DISCLOSURE OF COM | PENSATION OF ATTOR | NEY FOR D | EBTOR(S) | | | |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | | |
| | For legal services, I have agreed to accept | | \$ | 2,500.00 | | | |
| | Prior to the filing of this statement I have recei | | | 2,500.00 | | | |
| | Balance Due | | \$ | 0.00 | | | |
| 2. \$ | 335.00 of the filing fee has been paid. | | | | | | |
| 3. | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 5. | ■ I have not agreed to share the above-disclosed of | compensation with any other person u | nless they are men | nbers and associates | of my law firm. | | |
| | ☐ I have agreed to share the above-disclosed component copy of the agreement, together with a list of the | | | | law firm. A | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| t c | a. Analysis of the debtor's financial situation, and a preparation and filing of any petition, schedules Representation of the debtor at the meeting of condition. [Other provisions as needed] | , statement of affairs and plan which i | may be required; | - | nkruptcy; | | |
| 7. I | By agreement with the debtor(s), the above-disclose | ed fee does not include the following | service: | | | | |
| | | CERTIFICATION | | | | | |
| | I certify that the foregoing is a complete statement of ankruptcy proceeding. | of any agreement or arrangement for p | payment to me for | representation of the | debtor(s) in | | |
| Jı | une 28, 2019 | /s/ Stanley E. Luor | ngo, Jr. | | | | |
| | ate | Stanley E. Luongo Signature of Attorney LUONGO BELLWO 126 West Miner St West Chester, PA | DAR LLP reet 19382 | | | | |
| | | 610-430-6600 Fax Stan.luongo@luor Name of law firm | | n | | | |

United States Bankruptcy Court Eastern District of Pennsylvania

| | | Eastern District of I emisylvama | | | | |
|--------|---------------------------------|--|-------------------|-----------------------|--|--|
| In re | Marilyn C. Paparo | | Case No. | | | |
| | | Debtor(s) | Chapter | 7 | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | |
| The ab | ove-named Debtor hereby verifie | s that the attached list of creditors is true and co | rrect to the best | of his/her knowledge. | | |
| Date: | June 28, 2019 | /s/ Marilyn C. Paparo Marilyn C. Paparo | | | | |

Signature of Debtor

Alltran Financial, LP P.O. Box 722929 Houston, TX 77272-2929

ARS National Services, Inc. P.O. Box 469046 Escondido, CA 92046-3023

Bank of America P.O. Box 31785 Tampa, FL 33631

Bank of America P.O. Box 961206 Fort Worth, TX 76161-0206

Bradford Exchange c/o University Fidelity LP P.O. Box 219129 Houston, TX 77218

Chase Card P.O. Box 15298 Wilmington, DE 19850

Convergent Outsourcing 800 SW 39th Street Renton, WA 98057

Discover P.O. Box 6105 Carol Stream, IL 60197

Dish Network Dept. 0063 Palatine, IL 60055 Elan Financial Services P.O. Box 108 Saint Louis, MO 63166

Financial Recovery Services, Inc. P.O. Box 385908
Minneapolis, MN 55438

First Source Advantage, LLC 205 Bryant Woods South Amherst, NY 14228

JC Penney P.O. Box 965007 Orlando, FL 32896

Kohl's P.O. Box 2983 Milwaukee, WI 53201

Lowe's / Synchrony Bank P.O. Box 530914 Atlanta, GA 30353-0914

Midland Credit Management 2365 Northside Drive, Suite 300 San Diego, CA 92108

Midland Credit Management, Inc. P.O. Box 301030 Los Angeles, CA 90030-1030

National Enterprise Systems 2479 Edison Boulevard, Unit A Twinsburg, OH 44087-2340 North Shore Agency P.O. Box 9221 Old Bethpage, NY 11804

One Main Financial 1489 Broughton Street Orangeburg, SC 29115

Publishers Clearing House P.O. Box 6344 Harlan, IA 51593

Radius Global Solutions, LLC P.O. Box 390905 Minneapolis, MN 55439

Sears P.O. Box 6286 Sioux Falls, SD 57117

Shell P.O. Box 6753 Sioux Falls, SD 57117

South Carolina Federal Credit Union P.O. Box 190012 North Charleston, SC 29419

Synchrony Bank P.O. Box 960061 Orlando, FL 32896

Synchrony Bank/Belk P.O. Box 960061 Orlando, FL 32896

Target/TD Bank USA P.O. Box 660170 Dallas, TX 75266

Walmart / Synchrony Bank P.O. Box 530927 Atlanta, GA 30353-0927

Wells Fargo P.O. Box 10475 Des Moines, IA 50306

Weltman, Weinberg & Reis, Co., LPA 325 Chestnut Street, Suite 501 Philadelphia, PA 19106